



**KRAMER & AMADO, P.C.**  
PATENT RESEARCH SERVICES  
INTELLECTUAL PROPERTY LAW

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## Fax Memo

**TO:** Mail Stop Amendment  
USPTO

**FAX NO.:** (571) 273-8300

**FROM:** Artir M. Amado  
KRAMER & AMADO, P.C.

**DATE:** July 29, 2005

**SUBJECT:** U.S. Patent Application  
Title: ELECTRODE-BEARING GUIDE, COCHLEAR IMPLANT  
COMPRISING SAID GUIDE AND PRODUCTION  
METHOD THEREOF  
Serial No.: 10/539,520  
Attorney Docket No.: ABG 3003

**PAGES:** INCLUDING COVER PAGE (11)

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- Transmittal Form
- Fee Transmittal
- Credit Card Payment Form
- Assignment Recordation Cover Sheet and Executed Assignment (2 pages)
- Executed Declaration/Power of Attorney (2 pages)
- Preliminary Amendment (3 pages)

In the event that the fees submitted herewith are insufficient, please charge any remaining balance, or credit any overpayment, to our Deposit Account Number 50-0578.

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

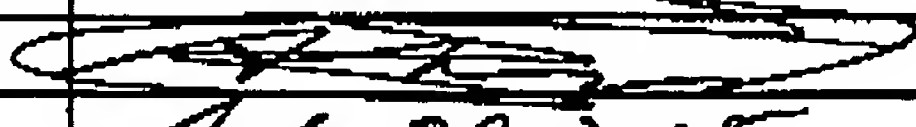
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/539,520	
	Filing Date	June 17, 2005	
	First Named Inventor	Manuel Manrique Rodriguez	
	Art Unit	Unassigned	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	10	Attorney Docket Number	ABG 3003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Assignment Declaration and Power of Attorney
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Adir M. Amado, Reg. No. '51,399 KRAMER & AMADO, P.C.
Signature	
Date	July 29, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/539,520
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 105.00)		Filing Date	June 17, 2005
		First Named Inventor	Manuel Manrique Rodríguez
		Examiner Name	Unassigned
		Art Unit	Unassigned
		Attorney Docket No.	ABG 3003

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number 50-0578 Deposit Account Name: Kramer & Amado, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

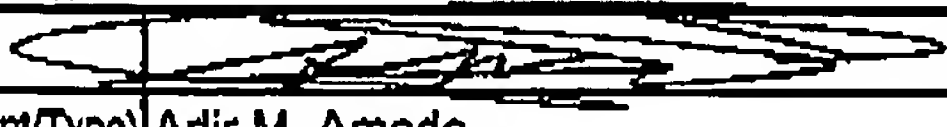
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Assignment Recordation, Late Oath or Declaration	
	105.00

**SUBMITTED BY**

Signature 	Registration No. 51,399 (Attorney/Agent)	Telephone (703) 519-9801
Name (Print/Type) Arlir M. Amado		Date July 29, 2005

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08/01/2005 SFELEKE1 0000018 10539520  
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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	:	Manuel Manrique Rodríguez, et al.
	:	
For	:	ELECTRODE-BEARING GUIDE, COCHLEAR IMPLANT COMPRISING SAID GUIDE AND PRODUCTION METHOD THEREOF
	:	
Serial No.:	:	10/539,520
	:	
Filed	:	June 17, 2005
	:	
Art Unit	:	Unassigned
	:	
Examiner	:	Unassigned
	:	
Att. Docket	:	ABG 3003
	:	
Confirmation No.	:	Unassigned

**PRELIMINARY AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please amend the above-identified application as set forth below:

**SPECIFICATION AMENDMENTS** begin on page 2 of this paper.

**REMARKS/ARGUMENTS** begin on page 3 of this paper.